

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90063 035 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P03000044035**



1. Entity Name  
**YVETTE L. REGISTER INSURANCE AGENCY, INC.**

Principal Place of Business  
**1321 EDGEWATER DRIVE, SUITE 1  
 ORLANDO, FL 32804**

Mailing Address  
**1321 EDGEWATER DRIVE, SUITE 1  
 ORLANDO, FL 32804**

24008866



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**30-0166328**

Applied  Not App

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BENJAMIN, NICOLE  
 1510 E. COLONIAL DRIVE, STE 203  
 ORLANDO, FL 32803**

Name **Yvette L. Register**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1321 Edgewater Drive, Ste 1**  
 City **Orlando** FL Zip Code **32804**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.

SIGNATURE *Yvette L. Register* DATE **2/2/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change
President	Yvette L. Register	418 Curry Ct.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>
President	Yvette L. Register	418 Curry Ct.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Yvette L. Register*

Attachment  
24008866  
P03000044035

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Yvette L. Register Insurance Agency, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P03000044035

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Yvette L. Register  
(Name of person)

Yvette L. Register Insurance Agency, Inc.  
(Name of firm/company)

1321 Edgewater Drive, Ste. 1  
(Address)

Orlando, FL 32804  
(City/state and zip code)

For further information concerning this matter, please call:

Yvette L. Register at ( 407 ) 841-8257  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Attachment P. 4  
74608866  
P03000044035

**STATEMENT OF CHANG. OF REGISTERED OFFICE OR REGIST. AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Yvette L. Register Insurance Agency, Inc.
- 2. The principal office address: 1321 Edgewater Drive, Ste. 1, Orlando, FL 32804
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 4/17/03 Document number: P03000044035

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Nicole Benjamin  
1510 E. Colonial Drive, Ste. 203  
Orlando, FL 32803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Yvette L. Register  
1321 Edgewater Drive, Ste. 1  
(P.O. Box or personal mailbox NOT acceptable)  
Orlando, FL 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Yvette Register  
(Signature of an officer or director)

Yvette Register - President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Yvette Register  
(Signature of Registered Agent)

12/30/03  
(Date)

If signing on behalf of an entity:

Yvette L. Register  
(Typed or Printed Name)

Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314